

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90441 048 \*\*\*\*61.25

DOCUMENT # *N01 00000 4505*

1. Entity Name

*Worship Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*109 Jamestown Ct*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Georgetown Ky*

City & State

4. FEI Number

*58-2630864*

Applied For

Not Applicable

Zip

*40324*

Country

*U.S.*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *Ms. Jannita D. Jones*

Street Address (P.O. Box Number is Not Acceptable)

*7677 Torino Ct.  
TORINO*

City *Orlando*

FL

Zip Code  
*32835*

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Jannita D. Jones*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/11/02*

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>President<br/>Timothy K. Brinson<br/>109 Jamestown Ct.<br/>Georgetown Ky 40324</i>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Secretary &amp; Treasurer<br/>Loretta Brinson<br/>109 Jamestown Ct.<br/>Georgetown Ky 40324</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Director<br/>Samuel J. Brinson Jr.<br/>3069 Chevron Drive<br/>Gunpowder, Maryland 21040</i>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Director<br/>James E. Rice<br/>122 Long Creek Drive<br/>Huntsville, Alabama 35758</i>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Director<br/>DAVID Anderson<br/>1668 Mandarin Court<br/>Cincinnati, Ohio 45240</i>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Timothy K. Brinson* *Timothy K. Brinson*

*4/9/02*

*502-868-6044*

CR2E037B (12/01)